

*Collier*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <div style="border-bottom: 1px solid black; display: inline-block; width: 150px; margin-left: 20px;"> <i>X The Corporation Company</i> </div> <div style="margin-left: 10px;"> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee </div> </p> <p>B. Received By (Printed Name)  <div style="border-bottom: 1px solid black; display: inline-block; width: 150px; margin-left: 20px;"> <i>The Corporation Company</i> </div> </p> <p>C. Date of Delivery  <div style="border-bottom: 1px solid black; display: inline-block; width: 100px; margin-left: 10px;"> <i>10/16/07</i> </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No </p>
<p>1. Article Addressed to: <i>Comp/sms 20 dys</i>  <i>2:07cv922-mht</i></p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </div> </div>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border-bottom: 1px solid black; display: inline-block; width: 200px;"> 7003 0500 0000 1377 7327 </div>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Corporation Company  
terstate Park Drive Suite 204  
mery, Alabama 36109